

Department of Social and Health Services  
Olympia, Washington

**ELIGIBILITY A-Z MANUAL REVISION**

Revision #	<b>522</b>
Category / Section	<b>Benefit Errors A Cash and Medical</b>
Issued	<b>August 1, 2006</b>
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**REMOVE**

**INSERT**

**Worker Responsibilities**

**Summary**

**Worker Responsibilities**  
**Verification of Overpayment**

Number 3 letter i added.

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